Name in Full: Rosie M. Beddow

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Ingleside — County: Caroline

Date of death 1904: Month: 4 — Day: 23

Age: Years: — Months: 4 — Days:

Sex: Female — Color or Race: White — Birthplace: Md.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: Harvey Beddle — Father's Birthplace: Md

Mother's Maiden Name: Elva Colt — Mother's Birthplace:

Name of person giving information: Elva Beddle — How related to deceased: Mothers

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural Cause — How long: never was well

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? I did not see [illegible] until dead. C. Graham M.D.

Signature of Physician: Chas Graham M.D.

Address: Ingleside Md.

Accident or Suicide?

LIBRARY BUREAU A899516

Name in Full: William P. Clark

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Greensboro; County: Caroline

Date of death 1904: Month: 4; Day: 14; Age: Years: 63; Months: 1; Days: —

Sex: Male; Color or Race: White; Birthplace: Delaware

Married, Single or Widowed: married; Occupation: Salesman

Name of Wife or Husband: Ida Clark

Father's Name: James Clark; Father's Birthplace: Delaware

Mother's Maiden Name: Mary L. Pierce; Mother's Birthplace: Delaware

Name of person giving Information: Brother; How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Paralysis of brain; How long: about two hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. Geoffroy Smith M.D.

Address: Greensboro Md.

Accident or Suicide? no

LIBRARY BUREAU A69516

Name in Full: Elizabeth Collins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Preston; County: Caroline

Date of death: Month: April; Day: 7; Years: Age 72; Months: —; Days: —

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death: Preston Md.

Married, ~~Single~~ or Widowed; Name ~~of Wife or~~ Husband: Peter Collins

Father's Name: Lemuel Hubbard; Father's Birthplace: Md

Mother's Maiden Name: Rumbold; Mother's Birthplace: Md

Name of person giving In formation: J L Noble; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption of Lungs; How long: 10 yrs

Immediate: La grippe; How long: 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J L Noble

Address: Preston Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Preston (Town) — Caroline (County)

Date of death	Month	Day	Age: Years	Months	Days
1904	4	19		1	7

Sex: male

Color or Race: Preston

Birthplace:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Patrick Doordige

Father's Birthplace:

Mother's Maiden Name: Filmen Doordige

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. N. Nichols M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Annie Dickerson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Preston — County: Caroline

Date of death: 1904 — Month: 4 — Day: 18 — Age: Years: 3 — Months: 00 — Days: 12

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: African — Birthplace: Md.

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: ~~Married~~ ~~Widowed~~ — Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: Sallie Dickerson — Mother's Birthplace: Md.

Name of person giving Information: Vance Butler — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rickets — How long: 6 mo. & Mos.

Immediate: Phthisis — How long: 3 mo.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide?

LIBRARY BUREAU A8881S

Name in Full: James H. Douglass

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Preston — County: Caroline

Date of death: 1904 — Month: 4 — Day: 6 — Age: Years: 51 — Months: 6 — Days: 28

Sex: Male — Color or Race: Caucasian — Birthplace: Maryland

Occupation: Druggist — Where Residing if not at place of death: —

Married or Widowed — Name of Wife or Husband: Mary E. Medford

Father's Name: Jame E. Douglass — Father's Birthplace: Md.

Mother's Maiden Name: Mary C. Davis — Mother's Birthplace: Md.

Name of person giving Imformation: Martha Fooks — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's disease — How long: 9 yrs.

Immediate: Uremia — How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Phillips

Address: Preston Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Eldridge W Emerson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Denton — County: Caroline

Date of death: Month: April — Day: 30 — 1904

Age — Years: 56 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Merchant — Where Residing if not at place of death: Denton Md

Married, Single or Widowed: Married — Name of Wife or Husband: Rosina Wilson

Father's Name: John A Emerson — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah L Whitby — Mother's Birthplace: Maryland

Name of person giving information: R. W Emerson — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastro Hepatic — How long: 10 years

Immediate: Exhaustion — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Enoch George M D

Address: Denton Caroline Co Md

Accident or Suicide? —

LIBRARY BUREAU A88016

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: near Tompkins County: Baltimore

Date of death 190 Month: 4 Day: 10 Age Years: Infant Months: 3 or 4 hours Days:

Sex: Female Color or Race: White Birthplace: Md

Married, Single or Widowed: + Occupation:

Name of Wife or Husband:

Father's Name: John W. Falkner Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Ware Mother's Birthplace: Md

Name of person giving Information: John W. Faulkner How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Premature birth How long:

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. E. Graham M. D.

Address: Ingleside Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Milo Frampton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fooding Creek; County: Caroline

Date of death 1904: Month: April; Day: 1; Age: Years: 7; Months; Days

Sex: male; Color or Race: white; Birthplace: Md.

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Elijah Frampton; Father's Birthplace: Md.

Mother's Maiden Name: Nora Collins; Mother's Birthplace: Md.

Name of person giving Imformation:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Extensive burn of chest; How long: 9 days

Immediate: Collapse; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John DuHadaway

Address: Fooding Creek Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Hignutt

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hurdstown County: Hardtime

Date of death 190x: Month: April Day: 26 Years: Age 89 Months: Days:

Sex: Female Color or Race: White Birthplace:

~~Married, Single~~ or Widowed: Occupation: Housewife

Name of Wife or Husband: Robert Hignutt

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: K. Becker How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old-age How long:

Immediate: Paralysis How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Hurdstown

Address: Burgoville

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Annie McDaniel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Denton — County: Caroline

Date of death: 1904 — Month: April — Day: 22 — Age: Years 53 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Pa

Occupation: Housewife — Where Residing if not at place of death: Same

Married, Single or Widowed: Married — Name of Wife or Husband: Mathew McDaniel

Father's Name: — Brumbaugh — Father's Birthplace: Pa

Mother's Maiden Name: Eliza Brumbaugh — Mother's Birthplace: Pa

Name of person giving Imformation: Mathew McDaniel — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: 2 hours

Immediate: Stroke — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R R Parker

Address: Denton Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Mary R Satterfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ridgely — County: Caroline

Date of death 190X — Month: April — Day: 12 — Years: Age 82 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Delaware

Married, Single or Widowed: Widowed — Occupation: Boarder

Name of Wife or Husband: William M Satterfield

Father's Name: William Roe — Father's Birthplace: Delaware

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: C. W. Smith — How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Two years

Immediate: Heart-failure — How long: Two years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. H. Richards

Address: Ridgely, Md.

Accident or Suicide? No

LIBRARY BUREAU A66512

Name in Full: William H. Walls

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Denton; County: Caroline

Date of death: 1904; Month: 4; Day: 7

Age: Years: 56; Months: —; Days:

Sex: Male; Color or Race: White; Birthplace: Dela.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: Margaret Walls

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. N. Nichols M.D.

Address: Denton

Accident or Suicide?

LIBRARY BUREAU Ab0516

Name in Full: Mary Ellen White

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Ilchester (County) Howard

Date of death 190 (Month) June (Day) 6

Age (Years) 74 (Months) — (Days) —

Sex Female

Color or Race White

Birthplace —

~~Married~~, Single or ~~Widowed~~

Occupation at home

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information H. Beck

How related to deceased none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Pertonitis

How long several days

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Thos Lansdowne

Address Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A66516